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Congo News Letter

OCTOBER 1946

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Congo News Letter.

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IDEAL MEDICAL POLICY FOR THE BELGIAN CONGO

The ultimate aim of our medical work in the Belgian Congo is well put in the statement of the New York Conference of 1925 as follows, "the paramount task of medical missions is the winning of men and women to Jesus Christ". This must be done in close cooperation with the evangelistic and educational departments. The fact that the catholic missions have numerous stations in which medical work is carried on, with the primary aim apparently being that of inducing the patients to become members of their church necessitates the establishment of numerous protestant rural dispensaries to render protestant medical care available to our constituency and to effect the powerful catholic influence. The staffing of these rural dispensaries and the provision of adequate assistance for our missionary doctors and nurses working at our station hospitals require the maintenance of a nursing school that is distinctly protestant.

The control of the rural dispensaries should be in the hands of those native churches which are located in the area served. Just as soon as practicable our station hospitals should also be governed by the native church organisation in cooperation with our Congo Mission Conference. To secure the maintenance of an evangelical emphasis to our medical program non-Christians should not be admitted to membership on the board of governors, furthermore such should not be necessary with the large number of Christian leaders in our Congo field.

Since the Belgian Colonial Government has already inaugurated a reasonably adequate program of public health, including education and supervision, we should cooperate

in every way possible as long as our protestant testimony is not in any way affected. We can very profitably carry on prenatal clinics, well baby clinics and annual medical surveys for the seeking out and treatment of cases of African sleeping sickness, leprosy, tuberculosis, yaws, and venereal diseases working hand in hand with the government medical service. These should be augmented by an intensive campaign in preventive medicine, also in cooperation with the government.

MEDICAL PROGRAM

From the viewpoint of a medical program the Belgian Congo Mission can be divided into two areas, each with one or more hospitals:

Lower Congo:	*Kwango:*
Sona Bata	Vanga
Banza Manteke	Kikongo
	Moanza

When a hospital is opened amongst the Bayaka people it might be grouped with either the Kwango or Lower Congo hospitals.

At one of the hospitals in each area, which might be designated as a central hospital, should be developed special phases of medical work such as x-ray department, electrical equipment for cystoscopy, bronchoscopy, diathermy, etc., adequate laboratory facilities for the growing of cultures and animal inoculation, a tuberculosis sanatorium with financial help from the government, etc. The Sona Bata hospital might serve for the Lower Congo area and the Vanga hospital for the Kwango area.

Each of these hospitals should have as a minimum staff one doctor, one (missionary) nurse, six to eight African nurses for the station hospital with an additional one for each rural dispensary, one to two African laboratory technicians and an adequate number of African mid-wives depending upon the size of the obstetrical service. An additional (missionary) nurse at Leopoldville could also render a valuable service.

MEDICAL EDUCATION

A school for Christian medical education is essential for the training of native helpers. The staff of this school should comprise a minimum of two doctors and three nurses and the following courses should be offered:

1. A five year nursing course with emphasis on supervision and preventive medicine. The graduates would furnish supervisors for the various services of our station hospitals and staff for our rural dispensaries.

2. A two year midwifery course for the training of young women to go out and help the village women during their prenatal period, at the time of confinement and in the care of their children.

3. A two year course for the training of laboratory technicians for our station hospitals which could be given periodically.

4. A one year sanitation course for the training of men to go out into the village to teach and demonstrate proper measures of personal and community hygiene. This would be a temporary course to bridge over the period until sufficient public health nurses could be put into the field.

This should be thoroughly Christian in its atmosphere and training with courses in Bible and personal soul winning. It should be the aim to have every graduate go out into full time Christian service with a zeal for the salvation of the souls as well as the healing of the bodies of his patients.

INTERMISSION COOPERATION

Medical education - In fulfillment of the findings of the Mott Conference held in 1934 an intermission school for medical education should be maintained in the Leopoldville province. The school at Sona Bata is a beginning but is too much of a responsibility to be shouldered by our mission alone.

Lower Congo cooperate medical program — This presumes the establishment of a large central hospital somewhere in the area with adequate provision for the treatment of missionary personnel as well as African patients. This would be

the natural location for the school for medical education for Leopoldville province.

Provision of adequate dental service — In view of the extreme difficulty of securing good dental service in the Belgian Congo it would seem advisable for several missions to co-operate in the engagement of a good dentist who is missionary minded to travel about from station to station keeping the teeth of missionaries in good condition.

Campaign against leprosy — With the American Mission to Lepers desirous of and having already set aside funds for the training of personnel for the conducting of a campaign against leprosy, with one unit in the Leopoldville province it would seem wise for our mission to cooperate in this project. The personnel could be trained in a separate course of our intermission school for medical education or special emphasis could be placed upon leprosy in the training of those who are to carry on the program of preventive medicine.

GLEN W. TUTTLE, M. D.

CONGO SURGERY

One evening twenty years ago we were sitting on the veranda of the little mud house. The day had been warm but a light evening breeze was stirring in the tree tops. A group of men were coming up the Vanga hillside carrying someone in a "*kipoy*" (hammock). They came directly to me and laid down a man groaning with pain. It did not take long to decide that this was a case of strangulated hernia, that needed immediate attention. I was just on the point of telling the head nurse of the surgery to get everything ready for an emergency operation. But on second thought there was no head nurse of the surgery and the instruments (a small box that I had brought with me from Europe) had to be opened. I had been at Vanga only a short time. The man was taken to the hospital, the box of instruments was opened and the necessary things selected for the operation. The patient was prepared, the instruments sterilized, the table set up for operation- all by the writer. But now the problem arose, who is going to give the anesthetic? And *where* is the anesthetic?

I spied a small ampoule of chloroform, just about one and one half ounces of it. So we started in boldly. Mrs. Bain was appointed to give the chloroform. The darkness was falling rapidly. I wanted to press the button to have some lights, but there was no button to press and there were no electric lights I sent for a small kerosene lamp, the only one in our possession at that time. One of the hospital "boys" was delegated to hold the lamp "just like this", so that the light would fall on the field of operation. The anesthetic was started, the lamp was held "just so" and as soon as the patient was asleep I began. I wished that I had three or four eyes independent of each other. One to watch the anesthetist, one to watch the lampstand, and one, or two to see what I was doing. There were many spectators both inside and outside, inside were Mr. Brown, and Mr. Albaugh, outside a great crowd of natives were seeing an operation for the first time in their lives. Years later one of the spectators who was a school boy on the memorable night, and who later became a fine surgical assistant, told me that they all "wondered with great wonder" when Tata Munganga (The Doctor), opened the man's abdomen, took out the intestines, put them in a basin, washed them clean, and put them back in the abdomen again. The operation proceeded and I was soon oblivious to anything but operative technic and suturing etc.etc. I had no assistant. I began to smell kerosene so I raised my eyes and saw the human lampstand close to the field of operation, and while bending over to "see what he could see" the lamp was held at an angle and drops of kerosene were falling on the sterile sheet covering the operative field. I groaned within myself fearing an infection - there was none. The operation was over just as the small ampoule of chloroform was emptied, and the patient was put to bed. It took some extra care for a day or two and the patient had an uneventful recovery. That was my first operation at Vanga. So after that cases began coming in increasing numbers, most of them being emergencies.

One evening a young woman was brought in on a hammock. She was bleeding profusely and was in a state of collapse. She had been brought about 8 miles. She and

her mother had been at a water hole near a small river soaking manioc. A crocodile had come and snatched the girl by the legs and dragged her into the water. The mother had presence of mind to catch the daughter and they both struggled with the crocodile while calling frantically for help. People came out of the forest with long sticks, bows and arrows and the crocodile was driven away. The girl had her legs slashed by the terrible crocodile's teeth, beginning at the ankles and extending up on the thighs. The bones right above the left ankle were broken and protruding through the skin. It is not necessary to say it, but there was a terrible infection. The flesh wounds healed but the bones continued to suppurate and only after several operations to remove infected pieces of bone, did they unite. After three months stay in the hospital she walked home. Every time I see Maria Ngiele, about once a year, when I do the medical census, she comes to greet me and gives me eggs, or even a chicken, to show that she has not forgotten that evening of many years ago.

* * *

A few years later, overheard through a window - two men discussing operations:

"Say, I hear that Tata Munganga has written your name for operation to-morrow."

"Yes, he wrote my name."

"What is your trouble? "

"O, I have pain under the cloth." (hernia)

"They tell me he gives people medicine to die"(anesthesia)

"Yes, he does that."

"Does he give them a needle?" (injection)

"No, medicine to breathe."

"Yaah! Medicine to breathe!"

"Yes. You go into the room of operations. You step up on a table and lie down. They put grease on your face, they put a cloth over your eyes. Then they pray. Then you begin to breathe the medicine through a thing they hold over your nose and you have to count, one, two, three, four, five.

"Why do you have to count?"

"You must count all the people you have eaten! If you do not count them all, really well, you will have trouble. Then Tata Munganga looks at the *tanga* (clock), then he begins to work, and he works, fast, fast, and he looks at the *tanga* many times, because he must finish before the time is up.

"But if he does not finish before the time is up?"

"Aah, then you might die! *Ku kiereka,* (in truth), the wisdom of the white man."

* * *

Six months ago:

We had a busy day in the surgery, seven major operations in the morning. Lunch was served between operations, and the afternoon clinic began promptly at 2:30 without any delay. A goodly number of patients were seen and it was well towards evening when we finally called it a day. We had our little Friday evening get together and supper as usual and were just deciding if we were to play dominoes, 42 or something of the kind. There was a knock on the door, the door was opened and in came a teacher from Moanza with a letter from Miss Jorgenson telling me that Miss Shepard was in bed with an attack of appendicitis and that surgical intervention was imperative. Immediately word was sent to the head nurse of the surgery, (we have one now, trained at Sona Bata, as well as three other *infirmiers diplômés*). In a little while everything was in order. The car had to be serviced and packed for an early departure in the morning. We had three and one half hours' sleep and started out for Moanza traveling over hill and dale, long straight stretches, many curves, hairpin curves (one is called a bobby pin curve by one of the Vanga ladies). We reached Moanza, a 200 mile drive in good time. I had a bite to eat, relaxed a bit while the patient was prepared and soon we were busy in the surgery. The writer took the first night on duty. So at 5 a.m. on Sunday, after three and one half hours' sleep since Friday, the bed was very inviting and rest welcome with the knowledge that all was well.

Congo Surgery is different now from what it was 20 years ago. And well it should be. There are trained hospital assistants from our school at Sona Bata conversant with all hospital routine, general and special. There are head nurses for the different departments of our medical service. Auto roads have opened up the interior, river travel is greatly used and patients come from far away, many covering from 500 to 600 miles by various means of transport to avail themselves of the facilities offered at the Mission hospital.

The above account is only a small glimpse of the physical side of our medical work. Along with it goes the preaching of the glorious Gospel of Christ Jesus. Daily evangelistic services are held at our Mission hospital, these meetings are well attended and I am sure that when the people go back to their villages they tell everything to their friends of what they have seen.

DR. A. C. OSTERHOLM

AND IT CAME TO PASS

"I will instruct thee and teach thee in the way which thou shalt go. I will guide thee with mine eye." As we take a backward look over these past years we indeed acknowledge the greatness and goodness of God. Truly wonders have been wrought in the medical work. The Lord has led marvelously and we praise Him. Difficult and hard experiences loom up but above them looms up the joy and blessings that have been ours in the Banza Manteke medical work.

Some years ago a Five Year Program was envisaged for our Congo Conference, when stock was made of present attainments, values and opportunities in the light of the, then, present day conditions. It was stated that: "The deep-set needs of the heart remain the same--yet the social, economic and industrial conditons have changed." Social, economic and industrial conditions have surely changed in Belgian Congo these past years. One sees changes on every hand.

As we could not expect to place a foreign doctor at each station it was felt that a primary place must be given to the training of native medical workers. Recognition was made

of the fact that "God must interpret himself to Africa through Africans in which his Spirit dwells." Nurses had been trained by the doctors working at Banza Manteke but it was felt that more adequate training was necessary. "The benefit of medical science may only reach the masses as it is brought to them through the medical training of native hands."

Upon my arrival here roads were just being made, a truck had just been purchased, much of the travelling was done by push push and *kipoy*, the old Banza Manteke road was not made, the road up to Palabala was not even a dream. We had no baby clinics, no pre-natal clinics, no leper colony no *infirmiers diplomés*, no native women medical workers, no area given by the Government medical service for examination of sleeping sickness, leprosy, etc., no organized rural dipensaries.

My, how these things have changed. Perhaps the greatest change is in the quality of our nurses. One marvels at their accomplishments. Little did we realize then the large part that they would play in our Banza Manteke medical work. Much credit is due to the faithful, unusual and outstanding ability of Dr. Tuttle. These nurses help considerably in reducing the incidence of diseases, in improving general conditions in abolishing fear and superstition and demonstrating the love and care of the Great Physician.

We are proud of the Sona Bata School which is called "L'ECOLE PROTESTANTE DES AUXILIAIRES MEDICAUX AU CONGO (E. P. A. M. A. C.) It was in 1936 that the first class of nurses graduated and throughout the years nurses have taken valuable positions for the Mission, Government and Companies. It is these *infirmiers diplomés* who are in charge of the hospital and dispensaries in our Banza Manteke field. As the majority of our natives are far from our Mission station one can realize the value of these dispensaries where the nurse is on call night and day. He is helped by two women who conduct the baby clinic and help the nurse thus winning the confidence of the Congo women.

How operative cases were cared for is difficult to understand—no large sterilizing unit was had until fairly recently. Now when Dr. Tuttle comes up from Sona Bata he

operates upon as many as fifteen or more a day. It is the nurses who do all the sterilizing of linens, instruments, etc., they do the scrubbing up and assist the doctor.

"Cleanse the lepers". We had no leper colony when I arrived but slowly and surely Dr. Freas had one organized at the old Banza Manteke. It was later moved to the new site and now we have about fifty. We do not have enough houses but we are happy to have a few and are continuing to build. We are proud of our Church and dispensary and especially are we happy to have Mboko there. He is a leper, the son of old faithful Mafioti who was known all over our field. Three of his children are in definite Mission work. For some time Mboko wanted to marry a certain leper girl but the girl had refused. One can still hear Lazalo, a leper, praying to God that He would soften the heart of Luti so that she would marry Mboko. The story is that they are married and seem to be happy.

Another change is that of government control over large areas. In a certain area we are responsible for examining for sleeping sickness, leprosy, yaws, and other diseases. This was not done until about fifteen years ago by us. My what a difference it has made. Previously in visiting a village we would always have to have special carriers and medical cases because there were so many needing attention. Oftentimes the medicines disappeared so rapidly that carriers would be sent back to get their stock replenished. Now with seven dispensaries and baby clinics one no longer sees such large numbers of sick folk in the villages; they go to the dispensaries.

Concerning the demographic situation of Belgian Congo there was printed a map showing the population with respect to births, showing the proportion of children existing for every one hundred adult women in the various regions. In order to be considered satisfactory the proportion was to be one hundred twenty children to one hundred women — the situation was considered bad where the proportion fell below eighty and very good where it was over two hundred. Banza Manteke was in an area of two hundred

so was considered excellent.

The past years have seen tremendous changes taking place. What changes will take place in the near future can be envisaged by a recommendation at the Vanga Joint Conference this year that a "Sikulu kia doctor" must be considered. So soon there may be a Doctor Lutete Hezekiah, Doctor Nsilu Jean, Doctor Eli Tulanda and so forth. Another valuable suggestion was made that permission be asked of Government medical authorities that our trained nurses be permitted to operate on certain cases in the absence of a doctor.

Another important step is the proposed Union Medical work. Hitherto Sona Bata has been for the A.B.F.M.S. now there are proposals for a much larger medical program.

May God who has so abundantly led in the past continue to lead us to greater medical triumphs.

ESTHER J. EHNBOM

AT KIMPESE

Missionaries are expected to do anything and everything; indeed,as once was printed in the Congo News Letter-"Congo doctors are able to take out appendices and install modern plumbing"! It is true that most missionaries must attempt many things for which they have no specific training. But I thought it quite a joke when I was asked to write about the medical work at Kimpese for this issue, because at present Kimpese has no doctor, Kimpese has no nurse, and since it is the long vacation period and most of the students are in their own villages our dispensary wards stand empty most of the time, almost, Kimpese has no medical work! Second, because, of all missionaries in Congo, I probably *know* the least and certainly *do* the least along medical lines. In fact, I cannot even long behold the marvelous surgery that is done on the field. I have bravely tried twice to remain in the operating room as a spectator for a complete operation, but I have had to be assisted out of the room both times. I really behave better as the patient: even the first time when I was the victim of a surgical operation performed in the living room

of a missionary home by the aid of flash-lights held in the hands of two natives.

But, since I have been told to write such an article, and since missionaries attempt tasks for which they know they have no special aptitude, I shall try to portray the medical situation at Kimpese. It was suggested that I write on "Keeping 120 students and their families well without a doctor." But we *don't* so I *can't*.

In the good old days, Dr. Catherine Mabie was "Mama" Doctor". "Mama". is a title used for all women, black and white. But, in the case of Dr. Mabie, it was not merely a title. She was "Mama". She was not only the doctor who cured their ills. She taught hygiene and preventive medicine and child care in the classes. She demonstrated her teaching in a way they understood; she scolded them when they were negligent and careless. But they brought to her all their troubles and worries along with their ailments, secure in the belief that she would cure them all. But "Mama Dokuta" left. Other doctors and nurses have come, stayed a short while and gone. Not because they were not needed or wanted, but, because of the medical situation during the war years, none of the three participating missions could spare either a doctor or a nurse for a long period.

For the past four years, Kimpese has had a capable native *infirmier* (nurse) to help the white person in charge. Nzoyaya has been well liked by students and faculty not only for his efficiency in the dispensary but for his fine Christian character as well. But he, too, has left us. The *infirmier* who is taking his place comes from Angola. That fact produces an amusing coincidence. While Nzoyaya was here last year (he speaks French, no Portuguese) we were privileged to have Miss Mac Intyre as nurse in charge. She had been stationed in Angola and spoke Portuguese fluently but little French. Now we are looking forward to having Mrs. Andermo. She has spent years in France but knows no Portuguese. And her *infirmier* assistant speaks only Portuguese, —no French! Mrs. Andermo has just arrived. She has trained as a nurse in Sweden and taken the Tropical Medicine Course

in Belgium. Our women are very intersted in her and especially in little blond Lars and Margareta. I'm sure they are looking forward to the day when they can discuss their problems with her in Kikongo.

Kimpese has no hospital. It has a neat dispensary and infirmiry for E. P. I. only. The Catholic station just over the way runs a state dispensary for the villagers in this region. No surgery is done at Kimpese. When need arises, after consultation with a doctor (except in case of emergency) the patient is taken to Sona Bata or Banza Manteke.

But 120 students with their families need some care. Each year, approximately 30 babies are born. Sometimes we have epidemics of measles, whooping cough, pink eye. This past year was exceptionally healthy. We had no epidemic of any kind and very few pneumonia cases. We did lose one pneumonia victim, a small baby. One maternity case had to be sent to Sona Bata for aid, but the baby died. Of course there are occasional cuts, sores, and infections. Everyone on the station is examined twice each year in order to detect tuberculosis, sleeping sickness, leprosy, bilharziosis etc. Sad to relate, we have found several patients needing sleeping sickness injections. We have tsetse flies here and, of course mosquitoes. The Africans get malaria too, but not so severely as white folks. A small dose of quinine is usually sufficient for them.

Each week a baby clinic is held. All children up to 3 years are examined each week and given quinine as needed —and always soap! At the end of the year they are given rewards according to the number of times they attended.

Students not well enough to be in class must go to the dispensary. There they are put to bed and cared for. When a new baby arrives, the father is excused from work and the *ndezi* (small helper) need not go either to work or school! It's amusing, at first, to have a little ten year old boy step out of the work line and announce "Nengwa butidi." —"The missus gave birth". That means no school, no work for the mission for 3 or 4 days. It's his job to care for the other children, carry water and wood, cook the meals

and in general keep house. The husband may stay in the room in the infirmary to help care for his wife

But I said we do not keep our students well. Outside of the common ailments such as colds, injuries, sores, malaria and worms and occasional cases of pneumonia and more rare tuberculosis and sleeping sickness, our great worry is bilharziosis. All our waters except springs around Kimpese seem to be poluted with bilharzia. We warn our students not to drink stream water, not to bathe in the polluted streams nor to soak their manioc in them. We have tried to keep ducks to eat the snails that harbor the organisms: but each year some contract the disease. We hope that with all the marvelous new aids continually coming forth in the realm of medicine we soon shall be able to conquer this enemy.

Our mission doctors cooperate with us. Dr. Tuttle comes occasionally to spend a day—a very busy day examining eyes for glasses and checking cases referred to him. The past year was a little more worrisome than usual. Not only had we no doctor, but we had no car! (We still have none.) That meant after the daily train had passed our station at 11 a.m. there was no way of getting a patient to the Sona Bata hospital until 11 a.m. the next day! And we had two patients stricken with appendicitis, and one was the nurse! At 2 a.m. one Sunday morning, the car was borrowed from the white folks at Lukula, 12 kilometers away. She was taken to Thysville where she had to rest and await arrangements for securing another car. She finally arrived at Sona Bata about 4 P.M.. There it was decided she was in no condition for an operation. She has since gone to Sweden by plane. We hope she returns well and strong, none the worse for her exciting adventure here.

But in looking back over the past, over 600 people cared for a whole year with no doctor on the station; only one infant death; only one maternity case sent to Sona Bata; no one sent home on account of illness; the cases of sleeping sickness and bilharziosis detected and being cared for; all other illnesses cured by the services of the white

nurse and the native assisstant; we think it a good health record.

Now that we are to have Mrs. Andermo as nurse, and also a native *infirmier* whose wife is a trained mid-wife, we hope that examinations, clinics etc. will continue to keep a close check-up on our students, so we may keep them well. From the Kindergarten, where the tiny youngsters line up every day to be inspected for clean bodies—and where they recite hygiene twice a week—through all the classes of all the schools where Physiology, Hygiene, Child care, etc. are taught and demonstrated, cleanliness and health are emphasized. We wish them to build up bodies worthy of being the temple of the Holy Spirit.

It's a great task — worthy of all the toil and skill and love a doctor or nurse can give in the service of the Great Physician. Did not Jesus himself command "into whatsoever city ye enter heal the sick that are therein, and say unto them 'The Kingdom of God is come nigh unto you'." Is there not some young man or woman in America who would rather give himself or herself to such a task instead of to a better paid one at home?

Since E.P.I. is striving, evangelistically and educationally, to produce native leaders for the African people—there must be a well trained, capable, missionary-minded white person in charge of the health and physical well-being of the student body, in order that these Christian leaders may have sound minds in strong bodies.

RUTH ERICKSON

A VISIT TO A BABY CLINIC

"Where are you going Momie?" asked Denis as I prepared to leave the house in my uniform. "I am going to take some friends of ours to visit the baby clinic," I replied. "Daddy went to meet them at the train this morning and they should arrive any minute. I do hope they won't be late. Here they come now! Hurry, boys and catch them and daddy will let you ride to the garage in the truck."

"Hello, everybody! How glad we are to see you. You

arrived at just the right time to see a lot of activity around Banza Manteke. Today is Wednesday and an unusually busy and interesting Wednesday at that. Not only do we have baby clinic this morning as always on Wednesday morning, but this afternoon we continue our examination of the school girls before their entry into the school.

"The clinic starts at 9 A.M. but I have a few minutes to tell you a little about the clinic. At last we have realized our dream, that of a special building for our Baby clinic. It is a lovely brick building with a grass roof and nice and roomy inside for our women and babies. It has two roomy closets that can be locked These are for our white cross supplies which we use for gifts for the women when they have come a certain number of times. There is a table in front at which Mama Lena Tusanu and I sit during the clinic. On the table are the scales, a large pan of soap, the box of clinic cards and the White Cross gifts. There are rows and rows of benches on which the mothers sit with their babies. What darling babies and how proud their mothers are! What a difference a few years of medical work in Congo has made in the lives of our Congolese brothers and sisters! A few years ago the villages were full of sick people and it was common for babies to die by the score. Our baby clinics and dispensaries in the district have made our people conscious of prenatal as well as post natal care for their mothers and babies. It has not only awakened them somewhat to the necessity of caring for themselves, but by having our dispensaries located at a number of central points medical care is within reach of many. Now the death rate of babies is much lower but there is still a long way to go.

Hurry, it is nearly time for Clinic and we do not want to be late. If we miss the Bible lesson and health teaching we will not get our bar of soap and that would be tragic because soap is very dear here in Congo land. There we just made it and with five minutes to spare. Look, there is Mama Lena, now. Let me introduce you to her. Her sweet, smiling face surely shows her Christian spirit. What a wonderful help and friend she has been to me who is so new and green and still knows so little of the Kikongo language. She has been so

patient and kind with my mistakes and misunderstandings.

"Shall we pray?", she asks. "I should like one of you to pray". Immediately a very well dressed woman gets to her feet and offers the most humble and inspiring prayer I have ever heard offered to our Father in Heaven.

"Who would like a hymn book", Mama Lena asks as she offers the books that I have brought to the women. A few raised their hands for books but many did not, for, of what use is a hymn book if one cannot read? What a shame that so many of our Congo sisters cannot read. That is a big task for someone—that of teaching them to read. I hope that I may be able to share in that task. However it may be a long way in the future if I do it, as my task now is learning to read for myself—in Kikongo.

Now we are ready to weigh our babies, and give them whatever medicines they need. Mama Lena weighs them and I call their names and record their weight on their clinic card, and gift. Each week that she comes to clinic each mother gets a piece of soap if she came in time for the health and Bible teachings.

"Dikitondulua", I called. His mother comes forward and puts him proudly on the scales. "Diki" objects and vigorously. She doesn't like our strange white faces, they frighten her. In spite of her objections we have succeeded in finding out that she has gained satisfactorily since last Wednesday. In counting up we find she has been here 30 times which means she gets a little dress, a white cross gift from America. "Bastian". Look at this little fatty with his chubby little arms and legs. Isn't he a healthy little boy? His mother has brought him 14 times which means he gets a kinkuti kiampembe (a white flannel kimono). Now folks, meet Tata Engwall! You didn't know he still came to baby clinic! No Tata Martin Engwall has graduated from Baby Clinic many years ago, but this childs' parents have a deep affection for their beloved Missionary friend so Martin S. Engwall has the honor of having their child as his namesake. Here is Mayentezelua Victor the small son of one of our teachers. He is gaining rapidly. We will give his mother a bandage and safety pin because she has come four times now.

We must give his mother some cough medicine for him because she tells us that he has been coughing a lot. Here is little Maricel Bonar. He is the youngest son of two of our lovely promising young people in Congo—Mama Louise and Tata Remy Malutama. Bonar, too is the namesake of Mama Mary Bonar, who has meant a lot in the lives of his parents. Bonar is a little fatty too, just like our little Roger, and is only a few months older. He has an older brother, Felix, who is a little older than our Denis. Now we weigh little Zola Malutama who is the son of Tata Remy's twin brother, Leon. Zola's other name is Roger and he, too is about the age of our Roger. Poor little Zola has a fever his mother says. No doubt he has malaria so we will give his mother some liquid quinine to give him every so many hours.

My goodness, look at the time! 11:30 A.M. We have weighed 75 babies this morning. Let us hurry home now and eat our dinner. We must rest a little before we go to the dispensary this afternoon to examine our school girls. While we are walking home I will tell you about the White Cross gifts that we give to our Baby Clinic women. We would like to give more things to make it more interesting for the women, but we are limited as we must divide it with our dispensaries in the district. Mama Lena and I have had much fun in making little dresses for the Clinic these last few weeks since our supply of White Cross dresses long since ran out. We could use so many more if we had them. We need so many baby clothes for the women here in Congo. So many of them have nothing at all with which to dress their little babies and on some rather cool days their little ones run out doors with little or nothing on. Small wonder then, that so many of them have colds and coughs.

VIVIAN ABBOTT

DOCTORLESS KIKONGO

I was asked to write about the joys of running a hospital with the doctor nearly two hundred and fifty miles and two bridgeless rivers away. It was a temptation to reply, "There ain't no joy", but that would not be quite truthful. There is deep joy in caring for the sick and seeing them become well and strong again. There is abiding joy in being able to interpret the love of the Great Physician in this particular way. But just between you and me, I'd feel much better if Agnes Anderson and a doctor were here to do the interpreting in a more effective way.

There isn't much joy in the gnawing consciousness that a big job is being only half done. One sees so much that needs to be done, so much that ought to be done, but there are only twenty-four hours to each day, and missionaries are so very few. The hospital here is being directed by only half a person. The other half belongs to the more than two hundred village schools needing supplies and supervision, and to the thousands of village Christians and seekers after truth who try to touch the Living God under our all too remote guidance.

Since Agnes Anderson went on furlough in June 1945, Kikongo has been without a full-time medical worker. When Dr. Freas' break in health made it necessary for him to return to America, it meant that Kikongo, as well as Vanga and Moanza was without a doctor' s visit for many months. During the past year Dr. Osterholm has tried his best to come once every two months. What should we have done without him! But his "one-hoss shay" has broken down and it is now nearly five months since the last visit.

Poor, weary, sick folk needing surgery, walk days to reach the hospital only to find that the doctor may not be along for months. One dislikes sending them home again when it means another long long walk of many days. It wrenches the heart to see them sitting here day after day and week after week, waiting. And then, after a while, some wait no longer and have no further need of the doctor.

Don't you suppose that some where in America there are consecrated men and women doctors who would come out here to minister to these needy ones? There must be, because our God is a provident Father; when there is need, He calls men and women to meet that need. It's strange how blind and deaf some folk are! Perhaps they are just not "tuned in". Or perhaps they haven't any conception of the joy to be found in old Tsiala's toothless smile each day. Tsiala has been waiting for a long time for surgery; in the meantime he has been ridded of hook-worm and his general health has been built up. But best of all, he is finding freedom from fear as well as from pain. When I asked him if he didn't want to go back home and wait until he knew the doctor would be coming, he shook his head in vigorous denial. No indeed, he does not want to go back home until he has had his operation. He is nice and safe here, away from the "bandoki" (evil spirits) that would surely come in and possess his body if he were laid low. Each day he listens with eagerness as he hears the story of the One who came to cast out "evil spirits".

Surely those "deaf ears" would sharpen if only they could catch the cry of cuddly new-born babies here at our maternity ward....babies that would have been born in the dirt of the garden behind the house if there were no hospital here....babies whose chances for life would otherwise be greatly lessened.

Tomorrow we hope to finish physical examinations of our student body of 340. It has been a big job, taking many weeks as it was sandwiched in between the care of regular patients. At least 75% of them had hook-worm infection. Others had sleeping sickness, and many need surgery. What a challenge this group presents; these young men and women who will be the leaders of their people in a new way of life. We'll rid them of hook-worm so that they can have keener minds and alert bodies for the new task. We'll teach them hygiene and the rules of preventive medicine....but we must have a sufficiently large staff to see that the rules are applied. I envy that young

doctor, somewhere in America, whose eyes and ears will be opened, and who will change "doctorless Kikongo" to a place where there will be a resident physician. I hope it may be soon.

V. L. SMITH

MPOLO

Mostly Mpolo worked in the wards, humming as she sprinkled water to lay the dust before sweeping under and around the iron beds where the patients lay on mats, the one sheet and blanket for each patient neatly folded and tucked in. Each morning she took the temperature and entered them on the charts, made the rounds of her ward with Dr. Tuttle or the nurse in charge, administered the medicines, did the dressings, or, if in the maternity ward, bathed the little black-headed newborn babies, handing them back to their mothers sweet and clean, wrapped in the little vests and colored baby blankets from the white cross boxes.

Sometimes she would be called upon to take charge of a delivery. This often means hours of patient waiting, and if it was night Mpolo would curl up in her cloth on one of the tables and go fast asleep, to awaken cheerfully whenever warned by a relative of the patient that her help was needed. Then gloved and gowned, while following methodically the sterile technique she had learned during her training, she would laughingly scold or encourage the anxious mother-to-be until her ordeal was over.

Her turn came for service in the operating room too, and as doctor's second assistant, mounted on a box to reach the instruments on the high surgical tray, she would composedly hand them over as they were needed, or thread the needles with a steady hand, her clear eyes above the mask constantly returning to the manipulations of the surgeon the better to anticipate his next need.

On Tuesdays, market day, she competently took charge of the noisy group of women in the prenatal sewing class. Here, more little garments and covers are made for the babies born in the hospital.

On Sundays she was often to be seen on her way to Beginners' Sunday School with a baby on her hip and a trail of little ones behind her. In the evenings, her uniform exchanged for the graceful colored loose blouse and cloths worn by Congo women, she could be found with the other girl nurses pounding the white manioc roots, or grinding peanuts on a flat stone or stirring greens and onions and red peppers in a little clay pot over the open fire for their evening meal. Mpolo enjoyed the play evenings as much as anyone when the nurses gather in one or other of our houses for fun and music. She took her turn in leading morning prayers in hospital and dispensary.

She has recently left Sona Bata after ten years of boarding school and training and working in the hospital as assistant midwife. She is to be married to a clerk in Leopoldville whose gain will be our loss, for this gay, sweet natured Congo girl leaves only pleasant memories behind her. Before she left she told of how careful her parents had been to bring her up properly, of how they beat her when she was younger if she did anything wrong, of the care they took to see that her future husband was fit for her to marry, a good christian who had never danced or drank, who had had an education in mission schools; that in future if he did drink she was to write and let them know at once and they would come and make a palaver about it.

But Mpolo's home will be an example of what an African christian home can be, I know. There will be love and trust and mutual respect, and no Congo babies will have a better mother than hers will have.

To God be the thanks, and may we be inspired and enabled to help many other Congo girls to grow to pure, intelligent joyous womanhood as she has done. Few of them do as yet.

MURIEL JENNINGS.

A PRAYER FOR A LEPER

Father, Yoane has leprosy. He has known it for a long time and has tried to hide it. He has tried native medicines, but to no avail. Now he has come to us. He is concerned about three things especially.

Is leprosy really a curse from heaven?

Did he get it because he was careless when visiting the leper colony?

Did he get it because there are those who are jealous of him and are cursing him?

We know that Thou are not a God who punishes sin by sending sickness; his enemies cannot send sickness through cursing him. Leprosy is in his family and he was not taken away from them when young.

Yoane has come because he knows that You know just how it feels to have the heart hurt so. He had great ambitions, he was in line for the chieftancy. Now he cries, "My God, why art Thou so far from helping me?" He has nobody else to to go to, he is a social outcast. We thank Thee because he realizes that all is not lost. Now he wants to go to the leper colony for treatment and help the others. It is a disagreeable place but with Thee it can become a bit of heaven.

And now, Father wilt Thou bless the needles, the medicines and all those who administer to the lepers and we trust that before long Yoane will be able to return to his village with a clean body and above all with a white heart. I pray this in the Spirit of Christ.

My prayer is finished,

KINGANI.

We had a hard time with Yoane trying to get him to even consider getting treatment for leprosy. He finally did and now is apparently cured and has a fine position at Leopoldville.

THE CALL FOR MEDICAL MISSIONARIES

For a total population of 14,000,000 people there are 200 government, 100 company and 60 mission doctors. With one-fifth of them normally on furlough we find ourselves with one doctor to each 50,000 Africans in comparison with one to 500 to 1,000 in our home country. Whereas a home doctor spends fifteen to thirty minutes doing a complete and thorough examination we frequently find ourselves forced to perform from ten to thirty per hour. This is all out of proportion and inadmissible.

Should we not establish an ideal toward which to work? The head medical officer of the Belgian Congo has suggested one doctor to 10,000 inhabitants which at once requires an additional 1,400 doctors. This with the aid of African assistants, may suffice until the Africans have turned more completely from their heathen witchcraft to modern medicine. However, it seems to me that we must, through the training of African doctors, eventually reach the same ratio that exists in our home lands. The government is hoping to double the number of its doctors in the near future. I would suggest that we as protestant evangelical missions aim to increase our number from fifty to one hundred in the next five years, believing that this move would be cordially welcomed by the government.

There are at present approximately one hundred missionary nurses in the Colony which figure is relatively small in comparison with the number of doctors. This, however is offset somewhat by 600 African nurses, nurse-aids and midwife-aids. Doubling our missionary nursing staff would enhance to an even greater degree the effectiveness of our medical services as one of their greatest contributions would lie in the training and supervision of our African helpers whose number must, in it's turn, be increased not only once but many times.

GLEN. W. TUTTLE, M. D.

A CONGO CONFERENCE

Kintwadi - it's one of the first words that strikes a new missionary's attention. It's one of the most used words in our contacts with the natives. It is hard to express exactly in English although 'fellowship' or 'togetherness' are fairly accurate translations. But the word is taking on a new meaning for the Christians of our A.B.F.M.S.. For the word *kintwadi* is used in the name of the new organization which has been set up among our Baptist stations here in Congo. It is just a baby organization and of course it has growing pains, but we feel that some day our '*Kintwadi*' organization is going to mean a great deal to the work of Christ in Congo.

Already it has made its impression on the natives and the missionaries. In August representatives from all the regular A.B.F.M.S. stations—Banza Manteke, Sona Bata, Leopoldville, Moanza, Kikongo, and Vanga,—met at Vanga for the first meeting of the new organization. The purpose was to draw up a constitution, to define more clearly our aims and purposes, and to discuss together what can be done to make our mission even more powerful in the winning of souls for Christ's kingdom.

The very fact that natives from all these stations came together intending to agree shows that they are ready for the formation of such a group. Not so long ago, in fact even today in many places, people from various tribes would refuse to sit together for such a meeting. But at Vanga we saw people from the lower Congo, people from the very primitive Bayaka tribes, river people from Vanga, proud Basuku from Moanza, all of them come with the intention of being in '*Kintwadi*' with each other. It is true that we heard quite often the words, "We Basuku" or "We from Vanga", it is true that the delegates from some stations wanted to prepare their own coffee because they didn't like the way the Vanga cooks prepared it, but it is also true that people who were at one time enemies, sang, ate, prayed, and worked together to build a better church in Congo.

There were women at the conference too-Mama Tomavova

an older faithful worker from Banza Manteke who has done quite a bit of travelling evangelistic work among women, Mama Lubelo-a younger beautiful Christian woman who is teaching in our school at Leopoldville, Mama Nsamba from Sona Bata, and Mama Naomi from Moanza-four women from four different tribes. But they lived in the same house, they ate together, sat together at the meetings, and enjoyed their fellowship with each other. They weren't afraid to voice their opinions at the meetings, a sure sign that African womanhood is advancing. The men listened too, another sign of advancement.

The aims which these people set for this new organization might well be adopted by any of our churches at home.

1. The winning of people to Christ.
2. The well-being and building of the church.
3. The training and welfare of Christian workers.
4. Closer relationships with all our churches.
5. The growth of Christian love in our own lives.

The plans are that this group of delegates from each station shall meet every two years. During alternate years there are to be conferences of the lower Congo churches and of the Kwango area churches. At each station there is to be a meeting of representatives from each of the churches once or twice a year. This group chooses the delegates to the inter-station meetings. In addition it chooses a committee to work with the missionaries on station problems and plans for the work.

During the conference at Vanga, much time was spent in committee meetings to discuss the various phases of the Mission program. Evangelistic, Educational, Medical, Women's Work, Literature, even Finance-for it is the aim of the group to be entirely self-supporting financially. It is interesting to see what the natives themselves feel are their needs and the needs of their people.

The work of the church is to spread the story of Christ so that the lost sheep may be won. The Kikongo word for pastor is the same as the word for shepherd. Those who have accepted Christ need to be nurtured. They must understand the importance of a Christian home, the sacredness of marriage, the evils of adultery, divorce, and drinking. It was also felt

that the marriage dowry, which customarily goes to the relatives of the bride, should instead be used to help the young couple start their home. This was especially favored by the fathers who have a number of sons. Those with daughters are perhaps a little more reluctant, but the very fact that the question was raised at all shows that our people are beginning to understand the value of Christian home life.

It seemed that this was one of the main themes of the conference. The Education committee requested better training in home-making for the girls. The Women's Committee stressed the need for better training of the mothers so that they can teach their children. The women want to know more about how to have daily devotions in their homes, how to take better care of their children–spiritually, mentally, and physically. There is also a need for the training of women to teach classes for girls, and to take positions of leadership in the church.

A universal demand is for more and better schools. The Belgian Government allows us complete freedom in the teaching of Religion in our schools, but it is felt that in other subjects we should try to follow the state program. There is also a definite need for more literature, and one of the requests is a mission news sheet for the natives. Our people are hungry for reading material and we have so little Christian literature to give them. It is also felt that we need to give extra training in agriculture and industrial work. Here again the question of better homes arises, for our people need better food, cleaner houses, a good water supply, better villages if they are to live life at its fullest.

Yes, our people are asking a great deal of us - their missionaries-and also of you at home who support us with your prayers, money, and your lives. "We need more missionaries" is a constant plea. "Can' t they send us someone who can go into these new villages and build churches and schools?" "Can' t the people of America send us more doctors? We need doctors and hospitals and dispensaries in many places." We have doctors at only two of our stations, and some of our people are several days journey from a dispensary.

The Medical committee stressed the need for more doctors and dispensaries. "Why don't the people of America send some one to help with the church and the school so that some missionaries can write books for us? We need books to explain the Bible and Christian Life. We need books for school. Why don' t more missionaries come?" These are the questions we are asked. We cannot answer them. It is up to you at home.

Yes, our folks have presented us with many questions, but they have presented us with something else too — and that is their own lives. They had their troubles about low salaries, about all the hardships they have in some villages because the people won't help build houses, and schools. They had their complaints. But then we looked around us. We saw Tata Malutama, the Banza Manteke leader, who although over sixty is still an active soul winner and worker on that station. His saintly spirit calmed many a heated argument. Tata Mfienge, who has given his life in service at the Sona Bata hospital was the chairman of the meeting. There were other pastors who have been working for Christ for twenty, twenty-five, thirty or more years. They were there together with younger men like Tata Lubikulu-head of the Leopoldville school, Tata Kohto - pastor of the Vanga church, and other young men who have also dedicated their lives to service for the Lord. Most of these people have given their lives, and the *kintwadi* between all of us who are working for Christ in Congo was rich and deep.

We prayed together and we sang together and we experienced together the knowledge that Christ is with us. We are not just white missionaries out to help black people, or black people trying to understand white men's ways, or even white and black people trying to get along together. We are not people from a dozen or more different tribes trying to agree on a "platform." We are more than that—we are Christians working in *kintwadi* with Christ as our leader trying to win our section of Congo to Him.

Kintwadi—it's more than just another Kikongo word to us it's the symbol of our work here in Africa now.

MARGARET JUMP

VANGA NEWS ITEMS

These few items are being written to the tune of the girls' singing "*Yesu Ukonkutilanga*" (Jesus is knocking at your door.) They have just returned from their villages today and are full of pep and eager to start school again. The girls who were here last year have already been examined, but the new ones must pass that ordeal before they can be accepted. Doris Wiseman is planning an extensive program of home-making classes for the girls. A small practise house has been built and some of the older girls will live in it and learn to keep their own home clean and neat. Other classes will be given in cooking, pottery work, weaving, sewing, knitting, crocheting, mending, embroidery, and child care. We look forward to an interesting time with the girls who will stay for the whole year.

The boys arrived just a week ago and have been busy since then repairing buildings, planting gardens, building houses, and keeping our Vanga station from washing down river. The water is low now so that we can build up the beach in preparation for the high water. The central school will open with an enrollment of over 200 boys. Only thirty of these are new boys, but two hundred more will take the work of the first year central school out in the district regional schools. We are very fortunate to have five Kimpese men on the staff this year.

From August 3 to 10 we had the pleasure of entertaining the first conference of the new native organization, After the close of the conference, the Vanga pastors and teachers met with Chester Jump to duscuss the opening of new work in our area. One of our recent Kimpese graduates was sent into a territory where we have previously had only a few teachers. He is going to travel through the villages and try to build a church in the area. Another more experienced pastor is doing the same work in another section of our field. The money to support these pastors and the village teacher-evangelists whom we will send comes from a central fund contributed by the churches which can afford it. All except

a few of our newest churches send in five percent of their monthly offerings for work such as this. We rejoice greatly that our Vanga people see a vision of missionary service and are responding to it. At present Chester Jump is visiting in some of the new villages, and he has with him at least ten teachers who are ready to go wherever they may be sent. All our other villages are staffed.

We are continuing the program of women's meetings which was begun last year, and will have more to say about them later on when we have finished our contest.

The medical work is heavy as Dr. Osterholm and Dorothy Wiseman are busy with state medical examinations in some of our villages, and examinations of the school children in addition to the regular hospital work. There are two baby clinics every week — one of them for near-by villages, and another for villages on the other side of the river.

As we begin another year of work at Vanga we look foward to even greater gains and richer blessings than we have received the past year. For the Spirit of God is at work here and we have every right to expect great things from God if we attempt great things for Him.

MARGARET JUMP

KIMPESE NEWS

The school for Pastors and Teachers at Kimpese closed in May a busy and rewarding year of the largest enrollment in the history of the school. There were 117 men in the various courses and 111 women in the Women's School.

Not less than 57 students completed their courses, 20 from the Two Year Bible Course, 19 from the Normal School and 18 from the Theological Course for young men who wish to become assistant pastors. From the Women's School 7 were graduated from the top class and received certificates indicating that they are qualified to teach in the first year of the Primary School. Certificates of Achievement were given to 4 women who left the course for teachers without having completed it.

After Christmas the seven women from the top class in the course for women teachers taught for six weeks together with the men. In most cases they proved to be better than the first and second year men. The women are very happy about the prospects of assuming teaching responsibilities when they return to their villages. Maybe they will encourage their husbands to persevere in the work.

The special choir of 12 Kimpese students chosen at the beginning of the year and trained to be the Conference Choir of the West Central African Conference acquitted themselves admirably during the days of the Conference both in their singing, especially of negro spirituals, and in the service they rendered in the upkeep of the camp. It was an experience which they will long remember. Quite a number of the delegates to the Conference have been Kimpese visitors at one time or another.

Just now as we prepare for the new school year 150,000 bricks are going into the kiln. These we feel are symbolical of the growth of Kimpese. It is with the young men who shall be leaders of their own race that we work here at Kimpese and so we pray that the ripples begun here in teaching and building of Christian character will have a wider influence. Hence to this task before us we want more than ever to give ourselves. Pray for us all — teachers and students.

MARGARET HALL

LEOPOLDVILLE NEWS

The grounding of Pan American planes helped our work at Leopoldville, for while Mr. Dana M. Albaugh and the Metzgers were stranded here and unable to find any transportation, we put them to work and they were able to help us in many ways, until passage finally opened for them and they were able to leave for home. The election of Mr. Armstrong as full-time Mission Secretary with headquarters at Leopoldville means a real sacrifice to their station at

Kikongo but a great help to us. The Armstrongs will give their first attention to the duties of the secretariat but they hope to have some time to give to the station work here. and we welcome them heartily. For health reasons they had to leave for a three months' vacation in the high altitude of Urundi, but we expect them back in November.

Early in September a small group of six was baptized and received into the fellowship of the church. A good many more had presented themselves for baptism but were asked to wait until they gave fuller evidence of a regenerated life. Three of the group were soldiers from the military camp where the work is promising. There is good attendance at services held at the camp, a good many asking to be enrolled as inquirers, and we have been encouraged and helped by the active participation in camp meetings of a Belgian Protestant officer who has been attending regularly and taken part.

School graduation took place later in September with ten young men receiving certificates. The Administrator, chief of the department having to do with the native population of Leopoldville, (now 100,000), honored us with his presence and delivered an address of timely and wise advice to the graduates, reminding them of the dignity and value of productive toil and of the danger of pride through having attained a certain distinction denied to most of their fellow Congolese.

H.D. BROWN

* * *

We cannot write about our medical work here at Leopoldville because we do not have any at present. It has been mentioned that a nurse would be a great help to us, which is very true. As our work is in the city, where the government has hospitals and dispensaries, our school children and church people are cared for in these places. Some of the large companies however have their own dispensary and doctor and nurse, so as to take care of their employees with the least possible delay. We feel that while we do not have a sufficiently large group of people in our mission to make a doctor and hospital necessary, we could certainly keep a missionary nurse and native assistant busy, caring

for the little ills that come to our school children and church people. The hospital and dispensary which is government supported is under catholic supervision and for that reason our people are reluctant to go to them, but would be happy if for minor troubles they could be treated by one of our own medical workers.

ETHEL D. BROWN

A NOTE FROM KANSAS CITY

Obstacles stood in the magazine's way
(Not all are entirely gone)
But news of the mission work should be told
So the Congo News Letter kept on.

Came the great war when the submarine prowled
And multiplied hindrances grew.
Still we could know how the mission work fared,
For the Congo News Letter came through.

Thanks to the writers, the printers, and all
Who prepare for us tidings to read.
The personal records of toil and advance
Make the News Letter welcome indeed.

Jonathan M. Dow

Editor's note: We are always happy to hear from our readers. Messages such as this may spur us on to tell what is happening here.

CONGO MISSION DIRECTORY

Listed in order of arrival on field or at station — present t

BANZA MANTEKE

Miss Esther Ehnbom R.N.
Rev. & and Mrs. M. S. Engwall
Miss Annis Ford
Rev. & and Mrs. E. R. Abbott

KIKONGO

Miss Gertrude Anderson
Rev. & and Mrs. C. E. Smith

KIMPESE

Rev. and Mrs. E. G. Hall
Rev. and Mrs. H. Erickson

LEOPOLDVILLE

Rev. Phyllis Benner
Rev. and Mrs. H. D. Brown
Rev. and Mrs. B. W. Armstrong

MOANZ

Miss Alice Jorger
Miss Eva Shepar
Rev. and Mrs T. E. Babcock

SONA BATA

Miss Muriel Jennings (B.M.S.)
Dr. and Mrs. G. W. Tuttle
Miss Vendla Anderson
Rev. and Mrs. L. Gittings

VANGA

Miss Dorothy Wiseman R.N.
Dr. A. C. Osterholm
Miss Doris Wiseman
Rev. and Mrs. C. Jump

ON FURLOUGH OR EN ROUTE

Rev. and Mrs. E. Atkins
Mrs. A. C. Osterholm
Dr. and Mrs. H. M. Freas
Rev. Ruth Dickey
Miss Agnes Anderson R.N.
Miss Emily Satterberg R.N.
Miss Grace Cooper
Rev. and Mrs. W.F. Robbins
Rev. and Mrs. L. A. Brown
Miss Marguerite Eldredge
Mr. and Mrs .H. J. Watkins
Miss Mary Bonar
Rev. and Mrs. R. Metzger